

Registration Form

PLEASE PRINT ALL DETAILS CLEARLY

Please tick here if you do not wish to have your name and town appearing on the delegate list. The College's Data Protection Statement can be viewed at www.rcpsych.ac.uk/dataprotection

1. Personal details (please complete in block capitals)

College membership number (if applicable):			
Title:	First Name:	Surname:	
Place of Work:			
Mailing address:			
Town:	Postcode:	Country:	
Email:			Tel (Daytime):
Vegetarian: YES/NO	Special diets:		
Special Requirements:			
Career Status (tick one box only):			
<input type="checkbox"/> MEDICAL STUDENT/STUDENT ASSOCIATE	<input type="checkbox"/> NON-MEDICAL PSYCHOTHERAPIST		
<input type="checkbox"/> PMPT	<input type="checkbox"/> ASSOCIATE SPECIALIST/STAFF GRADE/SpR/StR/SAS		
<input type="checkbox"/> CT/ST1-3	<input type="checkbox"/> RETIRED		
<input type="checkbox"/> CT/ST4-ST6	<input type="checkbox"/> CONSULTANT		
<input type="checkbox"/> FY DOCTOR	<input type="checkbox"/> OTHER (please state):		

2. Registration fees

Fees include catering during scheduled programme breaks but **do not** include accommodation.

	Standard Rate*	Reduced Rate**	Student Associate ***	NPSA Members / Non-Medical Trainees
Saturday Neuroscience Day	£100 ☐	£50 ☐	£30 ☐	£60 ☐
TOTAL:				£

*The Standard Rate applies to Consultants/Locum Consultants, Non RCPsych members **The reduced fee is available to RCPsych Retired members, ST/CT1-6 members, Tavistock trainees, PMPTs and delegates on the concessionary subscription rate of 50%.

***Student associate rate is available to Student associates. Student Associate membership is open to UK medical students and foundation trainees and is completely free – sign up here to take advantage of the reduced rates:

<http://www.rcpsych.ac.uk/discoverpsychiatry/studentassociates/aboutus/studentregistrationform.aspx>

All registration confirmation letters will be sent via email. If you are unsure if your registration form has been received by us contact virali.shah@rcpsych.ac.uk

PLEASE NOTE THAT THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES

Places can only be reserved when payment is received with this form. If an authority is to pay, the delegate should either pay and then claim reimbursement from their authority or enclose payment from their authority.

Cheque: I enclose a cheque / postal order for £
Please make payable to 'The Royal College of Psychiatrists' quoting reference MedPsychNeuroSci17 and the name of the delegate on reverse.

BACS: I enclose remittance advice form for £
Bank details below. Places can only be reserved when remittance is received with this form.

Account name: The Royal College of Psychiatrists **Account number:** 40201340 **Sort Code:** 20-06-05

IBAN: GB31 BARC 2006 0540 2013 40 **Swift Code:** BARCGB22



DATA PROTECTION STATEMENT

The College's Data Protection Statement can be viewed at <http://www.rcpsych.ac.uk/dataprotection>

Please complete and return your registration form with your payment to:

Virali Shah
Centre for Advanced Learning and Conferences (CALC)
RCPsych, 21 Prescot Street, London E1 8BB
E: virali.shah@rcpsych.ac.uk
T: 0203 701 2622
F: 0203 701 2761

CANCELLATION POLICY

(Notice must be given in writing by post or e-mail virali.shah@rcpsych.ac.uk)

To be entitled to a refund all cancellations MUST be received in writing no later than 2 weeks prior to the event date. An 80% refund will be given if cancelled more than 4 weeks prior to the event and 50% refund if less than 4 weeks' notice is given. No refund will be given if cancellations are received within 2 weeks before the event. Should you be unable to attend, a substitute delegate is welcomed.